

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 409 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>9310</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>William J. McCloskey</u>	
P.O. Box, Bldg., Room No., if any Street <u>922 New Road</u>	
City <u>Wilmington</u>	
State <u>Delaware</u> ZIP Code + 4 <u>19805-5199</u>	
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exceptions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____
	7.b. Amount. _____

Signature

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>William J. McCloskey</u>	On <u>8-8-05</u> Date	Telephone Number <u>302-892-9600</u>

Name of Person Filing William J. McCloskey

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Bancroft Construction Company

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 44 Bancroft MillsCity WilmingtonState Delaware ZIP Code + 4 19806

14.a. Nature of payment.

Lunch13.a. Is the Business an Employer or Consultant

14.b. Amount of payment.

\$25.00

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11.b. Approximate dollar value of such dealing: _____

12.a. Nature of interest held or income received: _____

12.b. Amount: _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: A.G. Edwards & Sons Inc.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: 2 South Main Street

City: Bal Air

State: MARYLAND ZIP Code + 4: 21014-3703

14.a. Nature of payment:

Lunch

13.a. Is the business an Employer or Consultant

14.b. Amount of payment:

25.00

Name of Person Filing <u>William T. Mc Cleckley</u>		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name _____		<input type="checkbox"/> a. Labor Organization
Trade Name, if any: _____		<input type="checkbox"/> b. Trust
P.O. Box, Bldg., Room No., if any: _____		<input type="checkbox"/> c. Employer
Street _____		
City _____		
State _____ ZIP Code + 4 _____		
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.
Name _____		
Trade Name, if any: _____		
P.O. Box, Bldg., Room No., if any: _____		
Street _____		11.b. Approximate dollar value of such dealing.
City _____		
State _____ ZIP Code + 4 _____		12.a. Nature of interest held or income received.
		12.b. Amount
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name <u>LAW OFFICES OF Peter G. Angelos</u>		<u>complementary Tickets/Sporting event \$45</u>
Trade Name, if any: _____		" " " " "
P.O. Box, Bldg., Room No., if any: _____		" " " " "
Street <u>5905 Harford Road</u>		" " " " "
City <u>Baltimore</u>		" " " " "
State <u>MARYLAND</u> ZIP Code + 4 <u>21214</u>		" " " " "
13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/>		14.b. Amount of payment.
		<u>790.00</u>

Name of Person Filing

William J. M. Closkey

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Commerce Bank

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 2035 Limestone RoadCity WilmingtonState Delaware ZIP Code + 4 19808

14.a. Nature of payment.

Charitable Golf outing13.a. Is the Business an Employer or Consultant

14.b. Amount of payment

\$135.00

Name of Person Filing <u>William T. McCloskey</u>		File Number <u> </u>
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. _____</p>
		<p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Premcor Oil Refinery</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>4550 Wrangell Hill Road</u></p> <p>City <u>Delaware City</u></p> <p>State <u>Delaware</u> ZIP Code + 4 <u>19706</u></p>		<p>14.a. Nature of payment.</p> <p><u>Lunch</u></p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>		<p>14.b. Amount of payment.</p> <p><u>*25.00</u></p>

Name of Person Filing	<u>William T. Mc Closkey</u>	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name _____	<input type="checkbox"/> a. Labor Organization	
Trade Name, if any: _____	<input type="checkbox"/> b. Trust	
P.O. Box, Bldg., Room No., if any _____	<input type="checkbox"/> c. Employer	
Street _____	10. If 9.b. or 9.c. is checked give trust or employer's name.	
City _____	Name _____	
State _____ ZIP Code + 4 _____	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	Name _____	
Name _____	11.b. Approximate dollar value of such dealing.	
Trade Name, if any: _____	12.a. Nature of interest held or income received.	
P.O. Box, Bldg., Room No., if any _____	12.b. Amount	
Street _____	11.b. Approximate dollar value of such dealing.	
City _____	12.a. Nature of interest held or income received.	
State _____ ZIP Code + 4 _____	12.b. Amount	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name <u>Schwarz & Schwarz, P.C.</u>	Complementary Tickets/Sporting Event \$85	
Trade Name, if any: _____	" " \$40	
P.O. Box, Bldg., Room No., if any _____	Charitable Golf outing \$100	
Street <u>1650 Market Street</u>	Dinner \$44	
City <u>Philadelphia</u>	" \$55	
State <u>Pennsylvania</u> ZIP Code + 4 <u>19103</u>	" \$55	
13.a. Is the Business an Employer <input type="checkbox"/>	14.b. Amount of payment.	
or Consultant <input checked="" type="checkbox"/>	\$395. 00	